

3. LAND AMBULANCE HEALTH SERVICES - CONTINGENCY OPTIONS

COMMITTEE RECOMMENDATIONS AS AMENDED

That Council:

1. **Reiterate its request to the Provincial Government to transfer control of dispatch to the Region and to provide adequate funds to cover the cost of dispatch; to cover the real cost of the existing poor level of service and to cover the cost of increasing the level of service to meet acceptable response time standards, and; that the provincial government use some of the funds allocated to it for health purposes in the recent federal budget to address the problems in the ambulance system.**
2. **Advise the Minister of Health that the Region of Ottawa-Carleton will not be able to develop a performance based system for 1 January, 2000, because of the Province's refusal to organize an orderly transfer of dispatch.**
3. **Direct staff to advise Expression of Interest respondents that the process is on hold until the Region of Ottawa-Carleton gets an answer on the question of dispatch from the Ministry of Health and/or makes a revised policy decision on the direction for the delivery of service in the year 2000.**
4. **Direct staff to consult with the Land Ambulance Health Services Consultation Group and develop options on what the Region should do if the Province does not include the essential component of dispatch in its download of this critical health service to upper tier municipalities and report back to the Community Services Committee at its 1 April 1999 meeting.**
5. **Forward a copy of this report to the Premier of Ontario, the Minister of Health, local MPs and MPPs, all Upper Tier Municipalities and to members of the Land Ambulance Health Services Consultation Group.**

DOCUMENTATION:

1. Medical Officer of Health and Director, Land Ambulance Health Services joint report dated 16 Feb 99 is immediately attached.
2. Extract of Draft Minute, Community Services Committee, 4 March 1999 immediately follows the report, and includes a record of all votes.

REGION OF OTTAWA CARLETON
 RÉGION D'OTTAWA CARLETON

REPORT
 RAPPORT

RC

DATE 16 February 1999

TO/DEST. Co-ordinator
 Community Services Committee

FROM/EXP. Medical Officer of Health
 Director, Land Ambulance Health Services

SUBJECT/OBJET **LAND AMBULANCE HEALTH SERVICES-CONTINGENCY
 OPTIONS**

DEPARTMENTAL RECOMMENDATIONS

That Community Services Committee recommend Council:

- 1. Reiterate its request to the Provincial Government to transfer control of dispatch to the Region and to provide adequate funds to cover the cost of dispatch; to cover the real cost of the existing poor level of service and to cover the cost of increasing the level of service to meet acceptable response time standards.**
- 2. Advise the Minister of Health that the Region of Ottawa-Carleton will not be able to develop a performance based system for 1 January, 2000, because of the Province's refusal to organize an orderly transfer of dispatch.**
- 3. Direct staff to advise Expression of Interest respondents that the process is on hold until the Region of Ottawa-Carleton gets an answer on the question of dispatch from the Ministry of Health and/or makes a revised policy decision on the direction for the delivery of service in the year 2000.**
- 4. Direct staff to pursue one of the options as presented at the 4 March 1999 Community Services Committee meeting, as a contingency, if the Province does not include the essential component of dispatch in the download of this critical health service to the Upper Tier Municipalities.**
- 5. Forward a copy of this report to all Upper Tier Municipalities, the Minister of Health, the Premier, local MPP's and MP's, and to members of the Land Ambulance Health Services Consultation Group.**

BACKGROUND

The Region of Ottawa-Carleton has worked diligently for almost a year to prepare for the full assumption of land ambulance services in the year 2000. Unfortunately the Province has not responded to the Region's numerous requests to include dispatch in the downloading. Furthermore, the Province has ignored two deadlines previously agreed upon for an answer to the Region's question of "yes" or "no" can we have dispatch? (31 January 1999 and 12 February 1999).

The independent audit of response times commissioned by the Region of Ottawa-Carleton revealed very poor response times for emergency life threatening calls in our community. The Province has allotted \$12.5 Million for the current level of poor service. Ministry staff have verbally, on a number of occasions, indicated that the real cost of this current service is much higher, likely 30% to 40% more. The residents of Ottawa-Carleton deserve a decent ambulance service. It is estimated that a good service will cost between \$20 and \$25 Million dollars.

INTRODUCTION

Without control of dispatch the Region of Ottawa-Carleton has no control over quality or cost. In essence, the Province has set up a system for the year 2000, where Upper Tier Municipalities (UTM) provide the ambulances, paramedics and equipment, and the Provincial government will use these however they see fit (both inside and outside of our Region). All, of course, funded by the Region of Ottawa-Carleton residents' property taxes.

DISCUSSION

It is not possible to run a cost efficient, high quality ambulance system without control of dispatch. However, the Region of Ottawa-Carleton is committed to improve the quality of pre-hospital health care and to provide the citizens of Ottawa-Carleton with the level of service they deserve. However, the Region has been unable to get an answer from the Provincial government. This has very serious implications on the process and timelines that Regional Council directed staff to follow, and, more importantly, the health and safety of the residents of our community.

Without control of dispatch the Region of Ottawa-Carleton cannot:

- have a performance based system.
- control costs
- control the quality of care provided to patients
- ensure full Advanced Life Support (ALS) coverage
- hold anyone clearly accountable
- control where its ambulances are both inside and outside of the Region
- plan for the use of Advanced Life Support or Basic Life Support Paramedics
- control response times
- make significant improvements to what currently exists.

At the time this report is being written Regional staff are reviewing all possible contingency options and their implications. These will be presented for consideration at the 4 March 1999 Community Services Committee meeting. None of the contingency options will be desirable and should only be considered if the Region of Ottawa-Carleton cannot obtain control of dispatch and additional funds. Each of the contingency options will have serious medical and economical drawbacks for the residents of our community.

Once again, it cannot be emphasized enough that staff will very reluctantly put forward contingency options for Committee and Council's consideration. All efforts should continue to be made to obtain control of dispatch and additional funds in the download equation. It is what the residents and visitors deserve.

Approved by
Robert Cushman, MD, MBA, FRCPC

Approved by
Joanne Yelle-Weatherall

LAND AMBULANCE HEALTH SERVICES CONTINGENCY OPTIONS

The Committee Chair, A. Munter, reminded those present that the original intent of today's meeting was to consider how the system would evolve, that is, would tenders be called or would there be a recommendation to establish a regional ambulance service. Because of the non-answer from the Ministry of Health on the issue of dispatch, it is difficult to make decision at this point.

Dr. R. Cushman, the Medical Officer of Health, expressed his disappointment, saying that one year ago the responsibility for ambulance service was downloaded to the Region: there is still no decision at this point in time. He reiterated that the RMOC wants to establish a high quality, performance-based land ambulance system, but its hands are tied. Dr. Cushman said all parties must continue to be patient and he expressed cautious optimism that the paramount issue of dispatch will be resolved. He pointed out that even if the Region were to get a decision in the next month, it will be difficult to offer a quality service early in year 2000. The alternative is that the RMOC will be forced to chose the least worse solution from a list of costly, ineffective options and staff will be evaluating this in the weeks to come. Dr. Cushman said he suspected there will be a final decision or no decision from the Ministry by the next meeting, and staff will make recommendations on the Region's options.

Brigitte Lalonde representing the Ottawa-Carleton Paramedics' Association

Ms. Lalonde began by saying the failure of the current system is largely attributable to the dispatch centre and this illustrates the importance of the Region gaining control of this function. Injecting more money and working to improve the system, then handing it over to someone who cannot be controlled would be like buying a Porsche and handing it over to a neighbour's sixteen year old, hoping for the best.

Ms. Lalonde said that, in January 2000, the Region will inherit much more than a fleet of trucks and stretchers: it will inherit the potential of what the service can become. She posited there is a lot more to pre-hospital care than cardiac arrests and bad car accidents. Ambulance workers are currently doing more and more social calls across the Region and deal with people who "fall through the cracks". If ambulance service is contracted out, it will remain a service where trucks move sick people from the street to the hospital: the system has a lot more potential than that. Ms. Lalonde said the paramedics of this Region are specialists of street health, and the only ones who have access to people on the street and out of nursing homes. If service is contracted out, and performance is based only on the speed of response times, there will be a big improvement to what currently exists but the service could be so much more. Another aspect which has not been mentioned is

transfer service: people are currently waiting up to 12 hours or longer to be transported back home and, while this is not as dramatic as dying, it is definitely unacceptable.

In a performance-based system, the operator may be focusing on getting there in the prescribed time frame and rush patient care in order to be available for the next call. More and more hospital emergency rooms are filled: ambulances may end up being the safety net for emergency pre-hospital service. It may be discovered that paramedics can do other things to help the community through these changes: giving authority to a private company may mean a loss of control over people who could help later on. Ms. Lalonde said that, if a private operator gets the contract, any proposed change would be re-negotiated whereas the Region as operator could make changes as needs are identified. Ambulance workers can be used for training, for public education and for prevention. She asked that the Committee try to control how the system will grow and occupy a large part of the life of the community in Ottawa-Carleton.

René Berthiaume, Rural/Metro Ontario Medical Services

Mr. Berthiaume began by commending the Region for the hard work being done to resolve important matters such as the control of dispatch, the timing of the change-over, and the budget needed for ambulance service. He expressed his support in trying to get dispatch from the Province as this is the right way to deliver a performance-based service.

The following are salient points from Mr. Berthiaume's presentation:¹

- most ambulance services in Ontario are privately-operated: the Ministry of Health operates only 9 out of 170 services
- independent operations have proven the most effective delivery method for many years; five of the six operators in the RMOC today are independent operators
- in a recent survey Rural/Metro Ontario has provided the fastest service in the Region

Mr. Berthiaume expressed confidence in the fact that, as a local, long-time provider, Rural/Metro Ontario has the experience, the technology, the community commitment, the training programs and the skills to deliver what the RMOC needs. This is why it has submitted an Expression of Interest in response to the recent call.

Mr. Berthiaume spoke about Rural/Metro Ontario's 250 employees working in many municipalities across Ontario: in the RMOC, the company has 22 paramedics on staff, 18 of whom are Level 2: this is the highest ratio of expert ambulance attendants in the area.

¹ On file with the Committee Co-ordinator.

Extract of Draft Minute
Community Services Committee
4 March 1999

He refuted suggestions that, as a private interest, the company would demand patients prove they can pay before providing service: this has never been done and will not be done in the future. He assured Committee members that Rural/Metro Ontario would neither propose nor support the Americanization of health care as it believes in a universal public health system. He spoke about comparisons made with the Metro Toronto Ambulance Service, reminding those present that Metro Toronto has paid for its higher level of service through a direct tax levy for more than 30 years and continues to do so.

Mr. Berthiaume said the issue of jobs is very important: for this reason, Rural/Metro Ontario has provided the Union with written confirmation that, if it is contracted to provide service to the Region, no one will lose his or her job. He tabled a copy of the letter with the Committee. He encouraged the paramedics and others to embrace the coming changes, saying that, with a performance-based system and new technology, operators will be better able to meet the needs of the community. He indicated that Rural/Metro can and will have operating systems in place to meet whatever deadline is established, even if it is January 1, 2000.

Mr. Berthiaume concluded his presentation by saying the role of Regional government is to provide leadership, show vision and provide regulatory support, along with the necessary monitoring and inspection to make a performance-based system work. The role of service providers is to deliver. He made reference to the fact that Bill 152 directs that transfer of control is assumed on January 1, 2000, regardless of whether issues such as budgeting and dispatch are resolved. In this atmosphere of uncertainty, the Region should keep all options open. Mr. Berthiaume urged the Committee to continue the process it has initiated with the call for Expressions of Interest and recommend to Council it proceed with a Request for Proposals (RFP) for ambulance service.

Chair Munter clarified that the commitment made by Rural/Metro Ontario to OPSEU is simply a re-statement of a decision taken by the Region and is required by the Expression of Interest document. Mr. Berthiaume agreed this was so, but he felt it was important to meet with Union representatives to assure them the company is open and would guarantee there would be no loss of employment. Chair Munter spoke about the fact that half the population in Ontario is served by a private system which has not been performing well because of the lack of dispatch and other factors. Mr. Berthiaume indicated that the Ambulance Operators Association of Ontario has been advocating for years that the Province needed to move towards a performance-based service. The Province of Ontario had capped at a maximum the level of service companies were able to provide: with the changes operators are limited to a minimum level of service and this will allow the RMOC to improve the level of service at the community's level.

Extract of Draft Minute
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Mr. Randy Caverley read a letter asking the Minister of Health to issue a public statement correcting erroneous information released to the Toronto Star about private ambulance operators who have been working in Ontario for almost four decades, and saying that a third of ambulance service in Ontario is privately run. Mr. Caverley said both statements are wrong in fact and misleading in the impression they leave readers. The courts have ruled....that these services “are crown agents, with no control of the means of production, no opportunity for profit, no chance of loss and no ownership of the tools of production”. Downloading of ambulance service to municipalities is an experiment and municipal contracting of ambulance services to private, for profit companies, is totally untested. Private operators often make reference to their track record in the Province and most of them are legitimate, competent, productive members of the industry. Mr. Caverley questioned the statistics the Region has produced, advancing the view it was not reasonable to break them down in the current system and claim ownership to one set as opposed to another.

Mr. Caverley spoke about Mr. Berthiaume’s letter to OPSEU being relevant and the Union appreciates the concern Rural/Metro Ontario is showing about the employment of its members. He clarified this should not be interpreted as an endorsement of the private model of service, as the first choice is still public sector delivery. Speaking to the continuing concern about job displacement for many workers, Mr. Caverley focused on office and maintenance staff who were not necessarily included in discussions with paramedics about the delivery of health services. Some job displacements might be necessary to meet the requirements of an RFP; certain workers might have to be brought in to meet established levels, with remaining workers staffing remaining positions and there being not enough positions for them. Mr. Caverley said these are ongoing issues and it is premature at this point to try to assure employment.

Brian Moloughney, Chief Steward, Local 413, Ontario Public Service Employees Union (OPSEU)

Mr. Moloughney began by saying that other Upper Tier Municipalities (UTMs) in the Province have moved beyond the point the Community Services Committee finds itself at presently. He made reference to a report prepared by IBI Consultants for the Regions of Durham, York and Halton. It supplies a cost analysis of public models of service delivery versus private, for profit, and concludes that the public model costs less than the private, i.e.:

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- in Durham, public is \$3 million less than private
- in York, public is \$3.2 less than private
- in Halton, public is \$3.6 less than private

The IBI report goes on to state that the Regions should enter into negotiations with the Ministry of Health to guarantee dispatch accountability and that the Ministry is agreeable to such discussions. The report notes that the January 1 2000 deadline is too near to make the necessary changes to dispatch to ensure a performance-based system. It recommends taking over the land ambulance side and making the changes which, coupled with a dispatch accountability agreement, would move the system towards a performance-based model. The dispatch issue would then be approached as a long term objective for take-over. Mr. Moloughney indicated that Durham Council, on February 24, 1999, voted 25 to 2 in favour of establishing a regional ambulance department under the auspices of the Medical Officer of Health.

Speaking to the local situation, Mr. Moloughney said many presentations have been made to this Committee based on the premise that a public model of ambulance delivery is the best choice for Ottawa-Carleton. In OPSEU's view, the public versus private, for profit question has been resolved: public is better and more cost-effective. The dispatch problem can be addressed with an accountability agreement with the Ministry of Health, with a provision for long term take-over of dispatch being maintained. Mr. Moloughney said he was confident the RMOC will reach the same conclusions that Durham, Halton, York, Windsor/Essex and the Greater Toronto area have already reached, and that is to instruct regional staff to set up a regional ambulance department, under the umbrella of the Medical Officer of Health. The Harris Government's commitment that the downloading of ambulance costs to municipalities will be revenue neutral will enable the RMOC to move forward and bring the transfer of ambulance services to closure.

Chair Munter pointed out that the transfer of service has not turned out to be revenue neutral. He went on to say that, having been involved with the land ambulance group, he agreed the RMOC should be at the point where it is making decisions: it is not at that point and is putting the process on hold temporarily. Chair Munter said he knew this was disappointing to all participants, himself included. He reiterated his belief the Region can locally operate a better quality ambulance service than currently exists. The notion of transferring land ambulance services from the provincial to the regional level makes sense in principle if the Region is given the tools and the funding to make it work for its residents. Chair Munter said what is so frustrating is that the Region is trying to implement a decision of the provincial government, on its timetable, only to be sabotaged by that same government. The Province's non-answer on dispatch is at the root of the

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problem: this is like being asked to run an airport without an air traffic control tower and is not in the best interest of Ottawa-Carleton residents.

Councillor H. Kreling said it was his understanding, from the comments of Chair Munter, that the Committee will make a decision at the next meeting about either establishing a regional ambulance department of going with a private contractor to provide service. He asked whether these scenarios have been costed and why, at the same time, are RFPs being received from contractors. Chair Munter said the Committee will have to decide whether to proceed with the RFP or whether to set up a regional department.

Councillor Kreling said he was concerned that other UTMs and municipalities are beginning to cave in on the matter of dispatch. If the RMOC is the only one left standing, the Province will simply make the decision, there will be no co-operation and no partnerships. He proposed that Recommendation 2 become Recommendation 1, saying in effect that, unless the Region gets control of dispatch, it will stop the process. Councillor Kreling said the system is working, albeit not as well as it should. He asked why the Region should continue to discuss this matter if the Province won't give the cornerstone of the service. The Region will not be able to make the kinds of changes it wants without dispatch and bring on-line a performance-based system.

Responding to Councillor Kreling's comments, Chair Munter pointed out there are many issues related to this, starting with the legislation that puts the Region in the driver's seat on January 1, 2000. He said he agreed with the Councillor's comments, but he wanted staff's advice on what this will mean. The Motion proposed by Councillor Holmes replaces Recommendation 4: if there is still no answer about dispatch by 1 April (date of the next meeting), the Committee would discuss its options. Chair Munter said the worse possible scenario is that the Ministry of Health continues to make decisions about the service while the Region pays for it. If this is the case, the Region should contemplate legal action. The picture will be clearer by the next meeting. Both Councillors Kreling and Byrne asked that the Medical Officer of Health be directed to include these items, including information of legal courses of action, in the next report to Committee.

Moved by D. Holmes

That the Community Services Committee recommend Council:

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CARRIED, as amended